


**When Doctors
Become Patients**


Robert Klitzman, MD
Columbia University

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Introduction


Past lit:

- Providers and patients have difficulty communicating
- Single case studies of doctors becoming patients provide important insights
- But little synthetic, systematic, cross cutting research

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Methods

- 70 physicians
- Wide range of diseases
– (HIV cancer, heart dis, HD, Hep C, etc).
- Ages 25-87
- Diverse specialties
- Recruited thru internet, word of mouth, ads
- Analysis: informed by grounded theory


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Results

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- Doctors as invulnerable:
- Wear 'magic white coats'
- Go from "Medical Student Disease" (fear of having diseases, and imagining symptoms)
- To post residency syndrome (denial of symptoms)

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Self-doctoring


- Self-diagnosing, self-prescribing, self-prognosing
- Practicing 'research level' medicine
- Not practicing what they preach
 - due to the training
- Differing therapeutic "tastes" and "styles"
- Second opinions as often 'taboo'
- VIP treatment
- Collusions and "denial systems" w/ colleagues
 - letting each other give/get bad care

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Problems and “Screw ups” they observe

- Increased awareness of:
 - Problems with physical plant
 - Among the most disappointing aspects of treatment
 - Bureaucratic inefficiencies
 - Insurance problems
 - Medical errors:


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- What to do when seeing others’ errors (e.g., nurses seeing physicians’ errors?)
- Previously, more acceptance of ‘human error’, before liability concerns increased?

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Blowing off “mild” symptoms

- E.g., pain, nausea, wt. gain, fatigue
- Problems may get trivialized:
 - b/c not ‘clinically significant’
 - b/c of socialization
 - b/c experiential, not intellectual learning involved
- Problems with treatment adherence
- Psychiatric symptoms
- Sexual side effects

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Loss of dignity and identity

- . E.g.,:
 - Being only partially clothed in hospital hallways
 - Losing hair due to chemotherapy


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Poor communication

- Inadvertent insensitivity
 - Obstacles: physician training/arrogance
- Pleasing doctors: dynamic barriers to communication
- Patient time vs. doctor time.
 - Waiting as suffering
 - Preferences concerning time of day
- Defining the future:
 - Terms can be misinterpreted (e.g., “soon”, “a lot of time”, “quickly”)


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- What are reasonable expectations?
 - Trying for ideals...

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Disclosure and Discrimination

- “Coming out” as patients at work can be hard
- Peripheralization can occur
 - (“They treated me as if I were dead”)
- But silence has costs

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Coping

- HCWs as workaholics
- Having “be strong”
 - Should doctors not cry?
- Retirement dilemmas: “Once a doctor, always a doctor?”
- Retirement and Identity: (“who am I vs. what I do?”)
 - vs. reinventing oneself
 - volunteerism

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**Us vs. Them?:
Treating patients differently**

- “We’re all in this together:” reducing the hierarchy
- Vs. maintaining a hierarchy
 - to bolster ‘magic’/placebo effect
 - to help doctors
 - to avoid risks of over-identification
 - to avoid blurring of boundaries
- A range of styles/gradients of shared decision making

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Ways of improvement

- Can empathy be taught?
- If not, skills can be:

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Improving the process of care

- Communicating better: providing more time and attention
- Offering more info/explanations
- Being aware of non-verbal gestures
- Writing notes at the bedside, rather than at the nursing station
- Asking patients if they have any questions
- Apologizing for keeping patients waiting

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Improving the content of communication:

- Increasing sensitivity to “routine” tests
- Getting results to patients sooner
- increasing sensitivity to symptoms
- increasing sensitivity to poor adherence
 - (being less hard on patients)
- Increasing attention to non-medical aspects of care
 - (“I’ve become like a social worker”)

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Improving content (cont'd)

- Addressing psychotherapeutic issues
- Being open to conversations about spirituality
- Talking about taboos
- Framing info when giving bad news:
 - (E.g., “You’re going to have another life”)
 - Not saying: “there is nothing more we can do for you”

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Obstacles remain

- Forcing oneself to enter the role of “the caring provider”
- Challenging norms:
 - Having to “be strong”
- What does ‘the best doctor’ mean?
- Empathy as a daily challenge

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Conclusions

- Providers who become patients offer valuable insights
 - (“from the other side”)
- Improving care is not easy, but is definitely possible
- Professional education: Examining processes of socialization
- Patient expectations: to see more fully the pressures HCWs confront

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Controversies in Healthcare Safety

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